Provide Day Programming for

Developmentally Disabled

Yes

BETHESDA CLARA WERNER								
700 HOFFMAN DRIVE								
WATERTOWN 53094 Phone	: (920) 261-3050	Ownership:	No	Nonprofit Church/Corporation				
Operated from 1/1 To 12/31 Days	s of Operation: 365	Highest Level License:	FD	FDDs				
Operate in Conjunction with Hospita				No				
Number of Beds Set Up and Staffed	(12/31/02): 37	Title 18 (Medicare) Certifi	ed? No	No				
Total Licensed Bed Capacity (12/31,	/02): 40	Title 19 (Medicaid) Certifi	ed? Ye	Yes				
Number of Residents on 12/31/02:	37	Average Daily Census:	33	33				
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Services Provided to Non-Residents		-		_				
Home Health Care	No Primary Diagnosis	% Age Groups	%	Less Than 1 Year	43.2			
Supp. Home Care-Personal Care								
Supp. Home Care-Household Services	-	ities 100.0 Under 65						
Day Services	No Mental Illness (Org./	Psy) 0.0 65 - 74	8.1					
Respite Care	No Mental Illness (Other	0.0 75 - 84	0.0		100.0			
Adult Day Care		Abuse 0.0 85 - 94						
Adult Day Health Care	No Para-, Quadra-, Hemip	legic 0.0 95 & Over	0.0	Full-Time Equivale	ent			
Congregate Meals	No Cancer	0.0		Nursing Staff per 100 F	Residents			
Home Delivered Meals	No Fractures	0.0	100.0	(12/31/02)				
Other Meals	No Cardiovascular	0.0 65 & Over	8.1					
Transportation	No Cerebrovascular	0.0		RNs	6.7			
Referral Service		0.0 Sex			6.6			
Other Services		0.0						
Provide Day Programming for	Other Medical Conditi	ons 0.0 Male	70.3	Aides, & Orderlies	54.6			
Mentally Ill	No	Female	29.7					

Method of Reimbursement

100.0 |

100.0 |

		edicare itle 18			Medicaid 'itle 19		Other		Private Pay		Family Care			Managed Care						
Level of Care	No.	o _o	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	%	Per Diem (\$)	No.	엉	Per Diem (\$)	No.	ᅇ	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				37	100.0	159	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	37	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		37	100.0		0	0.0		0	0.0		0	0.0		0	0.0		37	100.0

BETHESDA CLARA WERNER

*******	*****	*****	*****	*****	*****	*****	*****
Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services,	and Activities as of 12	/31/02
Deaths During Reporting Period	1						
					% Needing		Total
Percent Admissions from:		Activities of	용	As	sistance of	% Totally	Number of
Private Home/No Home Health	14.3	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		100.0	0.0	37
Other Nursing Homes	0.0	Dressing	21.6		78.4	0.0	37
Acute Care Hospitals	0.0	Transferring	100.0		0.0	0.0	37
Psych. HospMR/DD Facilities	66.7	Toilet Use	70.3		29.7	0.0	37
Rehabilitation Hospitals	0.0	Eating	35.1		64.9	0.0	37
Other Locations	19.0 *	******	*****	*****	*****	*******	*****
Total Number of Admissions	21	Continence		용	Special Treat	ments	90
Percent Discharges To:		Indwelling Or Externa	al Catheter	0.0	Receiving Re	espiratory Care	0.0
Private Home/No Home Health	0.0	Occ/Freq. Incontinent	t of Bladder	40.5	Receiving T	racheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	t of Bowel	5.4	Receiving St	uctioning	0.0
Other Nursing Homes	0.0				Receiving Os	stomy Care	0.0
Acute Care Hospitals	0.0	Mobility			Receiving T	ube Feeding	0.0
Psych. HospMR/DD Facilities	66.7	Physically Restrained	d	86.5	Receiving Me	echanically Altered Diet	s 37.8
Rehabilitation Hospitals	0.0						
Other Locations	33.3	Skin Care			Other Resident	t Characteristics	
Deaths	0.0	With Pressure Sores		0.0	Have Advance	e Directives	0.0
Total Number of Discharges		With Rashes		13.5	Medications		
(Including Deaths)	9				Receiving Pa	sychoactive Drugs	35.1

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

	This Facility		TDD cilities		All ilties	
	%	90	Ratio	9	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	82 . 5	83.9	0.98	85.1	0.97	
Current Residents from In-County	5.4	38.2	0.14	76.6	0.07	
Admissions from In-County, Still Residing	9.5	18.5	0.51	20.3	0.47	
Admissions/Average Daily Census	63.6	20.3	3.13	133.4	0.48	
Discharges/Average Daily Census	27.3	23.6	1.16	135.3	0.20	
Discharges To Private Residence/Average Daily Census	0.0	9.8	0.00	56.6	0.00	
Residents Receiving Skilled Care	0.0	0.0	0.00	86.3	0.00	
Residents Aged 65 and Older	8.1	15.3	0.53	87.7	0.09	
Title 19 (Medicaid) Funded Residents	100.0	99.2	1.01	67.5	1.48	
Private Pay Funded Residents	0.0	0.6	0.00	21.0	0.00	
Developmentally Disabled Residents	100.0	99.5	1.00	7.1	14.08	
Mentally Ill Residents	0.0	0.4	0.00	33.3	0.00	
General Medical Service Residents	0.0	0.1	0.00	20.5	0.00	
Impaired ADL (Mean) *	28.1	54.0	0.52	49.3	0.57	
Psychological Problems	35.1	48.2	0.73	54.0	0.65	
Nursing Care Required (Mean) *	6.4	11.3	0.57	7.2	0.89	